GRANTEE: **Riverside San Bernardino County Indian Health, Inc.**

PROGRAM TITLE: *Riverside-San Bernardino County Indian Health Home Visiting Program*

PROGRAM PERIOD: Cohort 2 (July 1, 2011 to June 30, 2016)

KEY GRANTEE PROGRAM STAFF

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GOAL OF THE PROGRAM

The goal of the Riverside-San Bernardino County Indian Health Home Visiting Program is to improve maternal health, child health and welfare, and school readiness outcomes.

COMMUNITY CONTEXT FOR THE PROGRAM

State:	California
Rural or Urban/Reservation or Non-Reservation:	Rural Reservation and Urban Non-Reservation
Description of Service Area:	The rural and urban service area includes 27,263 square miles, encompassing 77 communities.
Births Per Year:	For Native American mothers younger than 20 years old, the birth rate (live births per 1,000 of female population in a specified age group) in 2009 was 25.9.
Children Ages Birth to 5 Years in Target Community:	3,727 children under the age of 5 are counted across the two-county area.
Unique Characteristics of Target Community:	Riverside-San Bernardino County Indian Health, Inc. is a consortium of 10 tribes located throughout Riverside and San Bernardino counties. The service area includes these 2 counties and is not restricted to the reservation areas. The consortium tribes are Agua Caliente, Cahuilla, Morongo, Pechanga, Ramona, San Manuel, Santa Rosa, Soboba, Torres-Martinez, and Fort Mojave.
Key Community Partners:	• Parents as Teachers Model Developers • San Bernardino County Child Protective Services • Pass Collaborative • Moreno Valley Collaborative • Riverside County Child Protective Services • Community Clinics Collaborative • Loma Linda University • Inland Empire Collaborative

COMMUNITY CONTEXT FOR THE PROGRAM (continued)

Primary Risk Factors in Target Community:	The major risk factors in the target community include lack of transportation, high poverty, high unemployment, births to mothers younger than 20 years old, lack of prenatal care, lack of school readiness for the kids, high illiteracy of adults, child maltreatment, high incidences of domestic violence, childhood obesity, lack of immunizations, teenage pregnancy, dating violence, mental health issues, and poor parenting skills.

PROGRAM DELIVERY CONTEXT

Organization Type Administering the Program:	Riverside-San Bernardino County Indian Health, Inc. is a federally recognized consortium of sovereign Indian tribes organized as a non-profit corporation.
Implementing Agency:	Riverside-San Bernardino County Indian Health, Inc.
Target Population:	The target population includes families with children ages birth to 5 and pregnant women.
Target and Actual Numbers Served:	The target number of families is 180.

HOME VISITING MODEL SELECTED

The Riverside-San Bernardino County Indian Health Home Visiting Program will use the Parents as Teachers (PAT) model.

KEY MODEL ADAPTATIONS OR ENHANCEMENTS

The Riverside-San Bernardino County Indian Health Home Visiting Program recognizes the value of geographic information systems (GIS) for identification of needs, analysis of access to care, and resource management. The program proposes to implement a GIS resource management program. Implementation of GIS is one element of the RSBCIHI strategic plan.

DESCRIPTION OF EARLY CHILDHOOD SYSTEM

Available resources in different communities include schools, pre- schools, Head Start programs, churches, Indian clinics, tribal resources, the Special Supplemental Nutrition for Women, Infants and Children program, and Temporary Assistance for Needy Families services. Indian clinics also refer clients to different community services such as senior nutrition and early childhood programs like the Boys and Girls clubs.

Different programs have formed collaboratives over the years complementing each other in providing services to clients. For example, education institutions have the Indian education collaborative that discusses strategies of raising school-ready kids from pre-school until college.

The RSBCIHI school systems are connected to early childhood programs. For example, Pillar Academy provides education to Fort Mohave tribal youth.

DESCRIPTION OF EARLY CHILDHOOD SYSTEM (continued)

Fort Mohave also has an established preschool within the reservation that coordinates its services with other local schools. The same coordination is seen between the Morongo preschool, middle schools and high schools. The San Manuel Tribe has a coordinated system of preschools, high schools, and programs through Loma Linda and California state universities.

EVALUATION APPROACH

Evaluation Questions

1. Do parents participating in the home visiting program using PAT with a GIS resource management system have a higher proportion of referral completions for services than parents do in the PAT program without a GIS resource management system?

2. Do parents participating in the PAT home visiting program have a higher proportion of referral completions than parents not participating in the PAT program?

3. Do parents participating in the PAT home visiting program with a GIS resource management system have greater improvement in the areas of parental empowerment and child development than parents in the PAT program without a GIS resource management system?

4. Do parents/children participating in the PAT home visiting program have greater improvement in the areas of parental empowerment and child development than parents/children who do not participate in any home visiting program?

Evaluation Design

The evaluation will use a comparison group design. Participants will be placed into one of the following three comparison groups: (1) PAT intervention group with GIS resource management; (2) PAT intervention group without GIS resource management; and (3) waitlist control group.

A stratified block randomization will be used to randomize participants into the comparison groups. Group allocation will be by region, location, and level of need (high or low). Program recruitment will be continuous with interested families joining a waiting list. As families join the waiting list, a stratified block randomization will be used to randomly assign participants to the GIS intervention arm (45 families), to the non GIS intervention arm (45 families), or to the control group (120 families). Group allocation will be determined by region, location, and level of need (high or low). Recruitment will continue until enrollment of 360 families is reached. Families will join the PAT home visiting program as space becomes available. In order to assure sufficient data to evaluate the overall effect of PAT, families randomized into the control group will be retained on the waiting list for 4 months. While families are on the waitlist, they will participate in assessments of referral services use, parent empowerment, and child development. Once these families join the PAT home visiting program, they will not participate in further evaluation assessments.

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